

2006 Adult Sports Registration Form

Spring:

- | | | |
|----------------------------------|--|---|
| <input type="radio"/> Volleyball | ___Thurs. Rev. Coed Doubles A Grass (8300.403)
___Wednesday Coed Sixes C Grass (8300.401) | ___Wed. Mixed Quads B Grass (8300.402)
___Tuesday Coed Sixes C/D Indoor (8300.400) |
| <input type="radio"/> Basketball | ___Sunday 5 on 5 D (8200.400) | ___Thursday 3 on 3 D (8200.401) |
| <input type="radio"/> Softball | ___Sunday Coed D (8100.301)
___Wednesday Men's D (8100.303) | ___Tuesday Men's D (8100.302)
___Thursday Men's D (8100.304) |

Summer:

- | | | |
|----------------------------------|--|---|
| <input type="radio"/> Volleyball | ___Thurs. Rev. Coed Doubles A Grass (8301.503)
___Wednesday Coed Sixes C Grass (8301.501) | ___Wed. Mixed Quads B Grass (8301.502)
___Tuesday Coed Sixes C/D Indoor (8301.500) |
| <input type="radio"/> Basketball | ___Sunday 5 on 5 D (8201.500) | ___Thursday 3 on 3 D (8201.501) |
| <input type="radio"/> Softball | ___Sunday Coed D (8101.401)
___Wednesday Men's D (8101.403) | ___Tuesday Men's D (8101.402)
___Thursday Men's D (8101.404) |

Team Name: _____ Manager/Player: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

e-mail: _____

Address: _____ City: _____ Zip: _____

Assistant Manager (if applicable): _____ Home/Work Phone: _____

I hereby request placement of the above-named team in the City of Rocklin's Adult Sports League. I understand that all participants on this team will abide by the rules and regulations set by the City of Rocklin's Recreation Division of the Department of Community Services & Facilities. I realize that any falsification of roster or failure to follow league rules may result in the above-named team and its players being dropped from the activity, and forfeiture of all fees paid.

Manager's signature: _____ Date: _____

In consideration for being permitted by the City of Rocklin to participate in the above activity (ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child (if participating) may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child's participation in the activity (ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my of my child's participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity (ies); knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (thought negligence or carelessness) might otherwise be liable to me, or my child (or my or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs and assigns. In addition, I agree to indemnify and hold harmless city and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out my or my child's participation in the activity (ies) described above, caused in whole or in part by my or my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

ALL PLAYERS MUST READ THE WAIVER ABOVE AND SIGN THE REVERSE SIDE OF THIS FORM.

Amount: _____ Ck#: _____ Receipt#: _____ Date: _____ By: _____

ROCKLIN ADULT SPORTS OFFICIAL PLAYERS ROSTER

ALL PLAYERS MUST READ THE WAIVER ON THE REVERSE SIDE OF THIS FORM AND SIGN THE ROSTER BELOW

By signing my name below, I affirm that I have carefully read the release and indemnity agreement on the reverse of this roster and fully understand its contents. I am aware this is a release of liability and agreement to indemnify the City and I sign it of my own free will.

Photograph Release

I hereby grant to the City of Rocklin the absolute and irrevocable right and permission to use, reuse, and publish all pictures of me or my child taken in the course of City of Rocklin business. I fully understand that I hold no control over the use of the photograph (s) of which I or my child is a part. Further, I grant to the City of Rocklin, and those who the city may represent, the right to use my name or my child's name. I hereby release the City of Rocklin from any and all claims and demands arising out of, or in connection with, the City of Rocklin, as well as the person (s) who took the photograph (s). **I have fully read the foregoing and completely understand the contents.**

	PRINT NAME	SIGNATURE	RESIDENTIAL ADDRESS (Street, City, Zip)	PHONE #	AGE
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2					
3					
4					
5					
6					
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